

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/553,364
Applicant(s): R. Smith et al.
Filed: 4/16/2004
Art Unit:
Examiner:
Title: Device for Pulmonary Drug Delivery
Attorney Docket No.: 884B.0001.U1(US)
Customer No.: 29,683

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Information Disclosure Statement

(37 C.F.R. §1.97(b))

Sir:

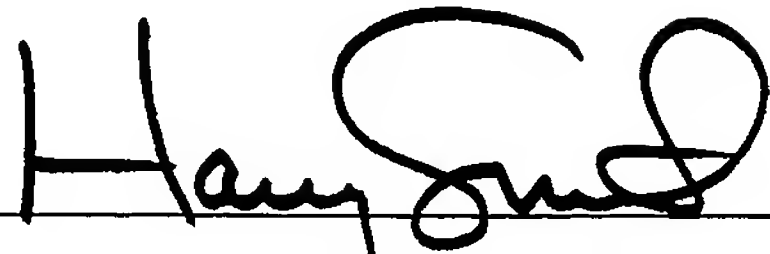
The following information is being disclosed to the U.S. Patent and Trademark Office as information that may be material to the examination of the above-identified patent application.

Applicant's Attorney is aware of the documents listed on the enclosed Form PTO-1449. Copies of the non U.S. documents are enclosed with the Form PTO-1449 for the Examiner's use.

The filing of this Statement is not to be construed as a representation that a search has been made regarding the claimed invention (37 C.F.R. §1.97(g)) or that no other possible material information exists. In addition, the filing of this Statement is not to be construed to be an admission that the information cited in the Statement is, or

is considered to be, material to Patentability (37 C.F.R. §1.97(h)).

Respectfully submitted,



9/18/2006

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail on the date shown below in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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INFORMATION DISCLOSURE CITATION FORM FOR PATENT APPLICATION (FORM PTO-1449) (Substitute)		Docket No.: 884B.0001.U1(US) Applicant(s): P. Smith et al. Filing Date: 4/16/2004		Serial No.: 10/553,365 Group:	
U.S. PATENT DOCUMENTS					
Examiner Initials	Document Number (Number-Kind Code)	Publication Date (MM-DD-YYYY)	Name of Patentee or Applicant	Class	Sub-class
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FOREIGN PATENT DOCUMENTS					
Examiner Initials	Document Number (Country Code-Number-Kind Code)	Publication Date (MM-DD-YYYY)	Name Of Patentee of Applicant	Translation? Yes/No/n/a	
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OTHER DOCUMENTS (Author (Capitalize), Title, Date, Pages, Etc., if known)					
Examiner's Signature:			Date Considered:		
Initial if reference was considered, whether or not citation is in conformance with MPEP. Mark through citation if not considered. Include a copy of this citation form with your next correspondence to the Applicant(s).					